

Improve the Health of Washingtonians Tollgate #3

1. Map of Causal Factors

Please see attached map (Attachment 1)

2. List key indicators of success and high-level purchase strategies. Please note if changes have been made from Tollgate #2.

The Health Team looked at the key indicators of success and affirmed the previously identified indicators remain valid. However, the order of the indicators is changed to reflect the relationship to the major strategies. Since the epidemiological indicator is so closely tied with the strategy to “increase healthy behavior” the two have been aligned as second in priority order.

Old Order

1. Epidemiological
2. General Health
3. Access

Amended Order

1. General health
2. Epidemiological
3. Access

1. **General health** (indicator)

Average years of healthy life remaining at 20 (measure): A composite of age-specific mortality rates from the vital statistics data and age-specific self-reported health status captured by the Behavioral Risk Factor Surveillance System (BRFSS)

Infant mortality (measure): “Years of healthy life” does not capture the 0 to 20-year age range. Infant mortality is the proxy for measuring overall health from 0-20.

2. **Epidemiological** (indicator)

Rate of tobacco use (measure): One of the two major leading causes of death in the U.S., tobacco use accounted for 18.1% of deaths in the year 2000

Rate of increase in levels of obesity (measure): The second leading cause of death, inactivity / poor nutrition accounted for 16.6% of deaths in the US in 2000. The next greatest cause of death (alcohol) caused 3.5%

3. **Access** (indicator)

Insurance coverage (measure): Refines the measure of “access” to include coverage by age group (child, adult, senior), as well as total coverage.

Unmet healthcare need (measure): “Insurance coverage” (above) is not a full measure of access since some individuals without coverage might access health care through clinics and some individuals with coverage might have difficulty finding willing providers. This indicator, then, supplements the measure of access and is derived from responses to questions in the BRFSS.

High Level Strategies

- Mitigate Environmental Hazards
- Increase Healthy Behaviors
- Provide Access to Appropriate Health Care
- Identify and Mitigate Risk Factors

3. Based on agency budget submittals, agency responses to targeted budget instructions, and other research since Tollgate #2 please answer the following questions:

A. What one or two new ideas suggested by your team or agencies appear most worth pursuing to improve results or reduce costs?

- ***Reduce ER costs and improve results (more years of healthy life) by investing in substance abuse intervention and treatment:***

Research has shown that substance abuse treatment acts as a preventive medical service, reducing medical costs significantly for patients receiving treatment. Other public costs can be reduced as well by providing treatment services that meet demand. Services reduced or eliminated include emergency room use, psychiatric and medical costs, public assistance dependence, Child Protective Services (CPS) referrals, and criminal justice costs. An expansion of the program would provide chemical dependency treatment to more adults and youths than current capacity can accommodate.

- ***Expand collaborative, evidence-based purchasing strategies:***

The Health Care Authority has proposed a project for all state health-purchasing agencies to coordinate reviews of evidence regarding a medical device, treatment, or service.

The Medical Assistance Administration (MAA), Labor and Industries (L&I), the Health Care Authority's Uniform Medical Plan (UMP), the Department of Corrections (DOC), and the Department of Veterans' Affairs (DVA) all make decisions about what health services are covered in their programs and under what conditions. It is increasingly important—for both cost containment and quality assurance—for agencies to make coverage decisions based on thorough assessment of medical evidence.

This project would strengthen the capacity of the participating agencies to obtain and evaluate scientific evidence regarding evolving health care procedures, services, and technology. This will allow agencies to determine which procedures are cost effective and should be approved. (2005-07 cost: \$711,000 state funds)

B. What changes in government operations, or in state law, are necessary to implement these new ideas?

No change in state law or government operations (with the exception of appropriation authority) is needed for implementation of the two ideas identified above. However, the Health Team offers the following recommendations:

- ***Expand enterprise-wide health coordination***

Recent ventures involving cross-agency coordination have demonstrated the effectiveness of pooled efforts in the health arena. The Results Team believes a more formalized mechanism for emphasizing cross-agency work is needed. The focus would be to centralize statewide health purchasing, policy direction, planning, and strategic interventions. If we are to start making real headway in healthcare in the state in the 2005-07 biennium, we need to ensure that we are leveraging each other's presence, benefiting from others' experience, and consistently coordinating our plans. The effort would be enterprise-wide — encompassing areas of state influence such as the health care delivery systems, infrastructure, purchasing decisions, the public health realm and direct services.

- ***Consolidate state-paid funding of local public health and tie to standards for results-based outcomes***

Link all basic, non-categorical state funding to local public health in a single grant for each local health jurisdiction. Retain community choice about how the funds are used — but increase accountability for those funds by linking reporting to the Standards for Public Health. Combine Local Capacity Development Funds (LCDF), with current “backfill” (transferred from DCTED) and administer the grant through an existing consolidated contract.

Reporting should be tied to a community-specific plan, using the Standards for Public Health in:

- Health Assessment,
- Communicable Disease
- Environmental Health
- Health Promotion- Prevention
- Access to Needed Health Services
- Administration

At the state level retain a small percent of the total fund and require DOH to use those funds to:

- 1) Provide technical assistance in developing process measures for reports,
- 2) Provide consultation on program strategies using best available evidence, and
- 3) Collect and report to OFM data showing performance gains made locally.